PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. Department of the property of the pr

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/824,576			ing Date 15/2004	To be Mailed
	Al	PPLICATION A	ENTITY \square	OR		HER THAN					
⊢	FOR		(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A	ı	N/A	TEE (a)		N/A	TEE (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A			N/A	
듬	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A		N/A			N/A	
	(37 CFR 1.16(a), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x s =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	specifica ts of pape 50 (\$125 ional 50 s S.C. 41(gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))							TOTAL				
* If the difference in column 1 is less than zero, enter "0" in column 2.								L	ı	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	01/18/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 4	Minus	 20	= 0		x \$ =		OR	X \$50=	0
z	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0	1	x \$ =		OR	X \$210=	0
ş	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**	-	1	x \$ =		OR	x \$ =	
8	Independent (37 CFR 1.16(h))	*	Minus	***	-	1	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burdon, allowed be sent to the CEMPTO. USE and the submitted in the CEMPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for moderating this burdon, allowed be sent to the CEMPTO. However, the commence p.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patternity, P.O., Box 1450, Alexandria, VA 22313-1450, and the CEMPTO. The commissioner of Patternity P.O., Box 1450, Alexandria, VA 22313-1450.